

CLAIM AGAINST CITY OF AUBURN
1225 Lincoln Way, Room 8
Auburn, CA 95603
(530) 823-4211, ext. 112

The undersigned hereby presents the following claim against the City of Auburn in accordance with the provisions of Government Code Section 910.

1. Name and Address of Claimant: _____

Telephone: (H) () _____ (W) () _____
2. Mailing address to which notices from the City of Auburn are to be directed:

3. Date of Incident: _____ Time of Incident: _____
Location of Incident: _____
4. Description of the incident or accident, including your reasons for believing that the City of Auburn is liable for your damages:

5. Description of all damages which you believe that you have incurred as a result of the incident:

6. The name of any City employees causing the damages that you are claiming:

7. The dollar amount of all damages that you are claiming (attach all estimates that are available): _____
8. If this is a claim for indemnity, on what date were you served with the underlying lawsuit? _____

Date _____

Signature of Claimant